

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-022571

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317Primary Registration District No. 500Registrar's No. 1700

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 317Primary Registration District No. 500Registrar's No. 1700

STATE FILE NUMBER

FILED JUN 11 1963

## 1. PLACE OF DEATH

a. COUNTY

St. Louis,

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Spanish Lake

Length of stay in 1b

26 Years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

1620 June Drive

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis,

admission)

c. CITY

OR  
TOWN

Spanish Lake

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

1620 June Drive

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

ADOLF

Middle

I.

Last

FRIEDEL

4. DATE

Month

Day

Year

May

24,

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9-29-1881

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired-Electrical Engr.

## 10b. KIND OF BUSINESS OR INDUSTRY

Union Electric

## 11. BIRTHPLACE (City and state or country)

Austria

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Adolf Friemel

## 13b. MOTHER'S MAIDEN NAME

Anna -----

## 14. NAME OF HUSBAND OR WIFE

Olga F. Friemel

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give year or dates of service) None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Olga Friemel, 1620 June Drive

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular Accident

INTERVAL BETWEEN

ONSET AND DEATH

few minutes

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Generalized Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchogenic Carcinoma

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☒

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct. 24, 1958 to May 24, 1963 and last saw him alive on 3/18/63

Death occurred at 5:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Theodore J. Repp, Jr., M.D.

## 22b. ADDRESS

9311 Duane Dr. (37)

## 22c. DATE SIGNED

5/27/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

May 29, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

New Bethlehem Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

CALVIN F. FEUTZ, 4828 Natural Bridge Bl.

## 25. DATE RECD. BY LOCAL REG.

5-27-63

## 26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Theodore J. Repp, Jr.  
9311 Duenke Drive  
UN 8-3800

FILE IN COUNTY

HOURS: Monday, 10 AM to 12 noon  
2 to 5 PM

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John A. Melina*

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.